

**NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
REGULATION & LICENSURE – ASBESTOS CONTROL PROGRAM**

ASBESTOS PROJECT NOTIFICATION

General Instructions: All business entities proposing to engage in an asbestos project affecting more than three square feet or three linear feet of asbestos containing material (ACM) on or in a structure or equipment or any appurtenances thereto, must complete this form.

Business entities subject to licensure or waiver from licensure must sign the Verification in Part C.

Business entities not subject to licensure must sign the Verification in Part D.

Any project notification that is incomplete or provides inaccurate information will be deemed in violation of 178 NAC 22-005.

Provide a separate notification for each building where an asbestos project is to be performed. Reproduce additional copies of this form as needed.

If the asbestos project of a licensed business entity is equal to or greater than two hundred sixty linear feet or any combination which is equal to or greater than one hundred sixty square and linear feet, enclose the project review fee required by 178 NAC 22-009 by check or money order payable to the Nebraska Department of Health & Human Services Regulation & Licensure – Asbestos Control Program.

Mail by certified mail, return receipt requested or hand deliver the original completed Asbestos Project Notification Form and fee, if applicable, to the following address:

Asbestos Control Program Manager
Nebraska Department of Health & Human Services
Regulation & Licensure – Asbestos Control Program
301 Centennial Mall South
P.O. Box 95007
Lincoln, NE 68509-5007

UNLESS THERE IS AN EMERGENCY OR A WAIVER IS GRANTED, ALL AS SET FORTH IN 178 NAC 22-005, THIS FORM MUST BE SUBMITTED TEN WORKING DAYS IN ADVANCE OF THE PROJECT START.

Form 5 Instructions

This is a PDF document from the Nebraska HHS System Website

For Office Use Only

Reviewer _____

Project # _____

**NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
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PLU #2828

ASBESTOS PROJECT NOTIFICATION

PART A - GENERAL INFORMATION

1. Name of Business Entity: _____
Address Street: _____
City: _____
State/Zip: _____
Contact Person: _____ Phone: _____
2. Building Owner: _____
Address Street: _____
City: _____
State/Zip: _____
Contact Person: _____ Phone: _____
3. Project Building Name: _____
Address: _____
City: _____
State/Zip: _____
4. Location (s) in Building where Project will occur and type of ACM in each location: (i.e.,
basement, 2 rooms in southwest corner, floor tile; second floor, room 15, ceiling plaster)
5. Work Schedule:
Start date: _____ Finish date: _____
Check the days you will be working on this project:
M T W Th F Sat. Sun.
Work Schedule Hours: _____
6. Project Size:
Number of Linear Feet of ACM: _____
Number of Square Feet of ACM: _____
Total Square and Linear Feet of ACM: _____
7. Is this project an Asbestos Related Demolition Project or part of an Asbestos Demolition
Project (yes or no)? _____

PART B
VERIFICATION FOR LICENSED OR
WAIVERED BUSINESS ENTITIES

Note: The chief executive officer of the business entity must sign the following statement. Submit the original to the Department.

I hereby verify that the information included in this notification and any supplemental information attached to it is true and accurate to the best of my knowledge and understanding.

I further verify that I will comply with all work practices and worker protection requirements of the Nebraska Asbestos Control Act and Departmental regulations.

Date

Signature of Chief Executive Officer

Print or Type Name

Title

VERIFICATION FOR BUSINESS ENTITIES
NOT SUBJECT TO LICENSURE

Note: The chief executive officer of the business entity must sign the following statement. Submit the original to the Department.

I hereby verify that the information included in this notification and any supplemental information attached to it is true and accurate to the best of my knowledge and understanding.

Date

Signature of Chief Executive Officer

Print or Type Name

Title